

POSITION	ID NO.	DATE
CLASSIFIER	10	12-21-83
EXAMINER	519	1-1-84
TYPIST	519	1-1-84
VERIFIER	10	1-1-84
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
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Claim	Date
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SYMBOLS

✓ Rejected
 * Allowed
 - (Through numbers) Canceled
 + Restricted
 N Non elected
 I Inference
 A Appeal
 O Objected